



ANNEXURE V

F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842
Email – approval@fmchealthcare.ae Helpline Number: 600-565691

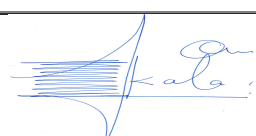
Medical Expenses Claim form

Date: 24-Jul-2024

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1982-8304137-8
Card Holder's Name: ANDREW KAGGWA JJEMBA Age: 42Y - 6M - 23D Sex: Male
Card Holder's Tel No: Mobile No: 522418619
Ins Card No: I019-010-115341004-01 Valid Upto: 7/6/2025
Company Name: FMC NETWORK UAE MANAGEMENT CONSULTANCY
Employee No: Nationality: Ugandan



Clinical Details:	Temp	B.P.	Pulse.
Signs & Symptoms:			
Date of Onset Illness :	☐ Emergency ☐ Work related ☐ New visit ☐ Follow up visit		
Diagnosis: I10 - Essential (primary) hypertension, E78.5 - Hyperlipidemia, unspecified			

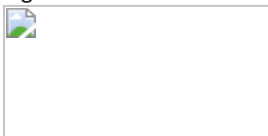
Management plan (Services inside the clinic including injections and investigations)	
9, Consultation Gp , General Consultation	
Doctor's Name: Enomen Goodluck	signature with seal:  

Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the above-mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 24-Jul-2024



Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(AMLODIPINE (AS BESYLATE) : 10 MG) (VALSARTAN : 160 MG) TABLETS	TABLETS (28S, BLISTER)	30	30	0.0000
(ATORVASTATIN (AS CALCIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	30	30	0.0000